

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33601

State File No.

Registrar's No.

9535

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
City Sanitarium 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 28 yrs 7 mos 29 ds  
44 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME GEORGE THOUREN

3. (b) If veteran, name war - 3. (c) Social Security No. -

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife - 6. (c) Age of husband or wife if alive - years

7. Birth date of deceased Febr., 17th 1895  
(Month) (Day) (Year)

8. AGE: Years 48 Months 8 Days 8 If less than one day hr. min.

9. Birthplace unknown California  
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business

MOTHER FATHER { 12. Name unknown 13. Birthplace unknown (City, town, or county) (State or foreign country) 14. Maiden name unknown 15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Thelma A. Singler  
(b) Address 5300 Arsenal

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-20-43 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Cutler Kelly  
(b) Address 1416 N. Taylor

19. (a) OCT 29 1943 (b) J. F. Beadeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 12  
(c) City or town St. Louis 913  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5300 Arsenal St.  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 25  
year 1943 hour 7:00 minute A. M.

21. I hereby certify that I attended the deceased from 7-1-1938 19 10-25-43 to 10-25-43 19 10-25-43  
that I last saw him alive on 10-25-43 19 10-25-43  
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis- Pulmonary Duration 1943x

Due to 12

Due to 12

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....  
(b) Date of occurrence.....  
(c) Where did injury occur?..... (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury 0

23. Signature Anthony K. Bursell (M. D. or other) 0  
Address 5300 Arsenal Date signed 10/21/43

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**